The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

本

CERTIFICATE OF DEATH

03353 Reg. Dist. No. 3570

1. PLACE OF DEATH: WOLCON TON	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give/residence of mother)
County Pinas	State Maryland County Warcester
(If outside city or town limits, write BURAL and give nearest town)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address when death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
.3. (a) FULL NAME	3. (b) Social Security Number
Handy Ilhard	none
4. Sex 5, Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male baland married	20, DATE OF DEATH W. Mch 29 19.4.7 at 12 7
6, (b) Name of husband or wife Caroline Bethard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(c) If alive, give age. 50 years	Marsh 22 1947 tomarch 28 1847
7. Birth date of	and that I last saw h. IM. alive on Market Lb. 19.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
8/2 6 2,8hrsmin.	Augustania.
Man I had	
9. Birthplace	Oue to
10. Usual occupation Flarmer	
11. Industry or business	Oue to
# 12 Name Starge Sethard	Other conditions last operating
13. Birthplace Manyland	Dias R.
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
₹ 15. Birthplace	Date of op. 8-75
16. Informant Chelph N. Shallekilly	Antopsy results
Address Agelin Md Renal # 3	
17 Namal Bate thereof March 31/47	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burtan-elemation, or removal. Which?) (month) (day) (year)	Notice of the second se
Cemetery or crematory	Where did Injury occur?
Location Children my June 173	injured at home, farm, industry, public place (where?)
18. Funeral director lelay O termes	Means of Injury tojured at work?
Address Show Hill Md.	William Comment M. A
381 17 860 7 1	23. SIGNATURE M. D. or other
19. 37 3// 194 Charge Sellitte	Address 310 M. Main St. Sterley Made signed 3-30-4/

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1) MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

¥03354

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn instales give residence of mother)
County	State County 2 or 15
(If outside city or town limits, write RURAL and wive negrest town)	City or town docklass Resul
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest fown)
nospital, institution, or street address, where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Marie andella Veron	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of Coly Ma	20, DATE OF DEATH Meh 1 265 1947 219- P. M
8,(b) Name of husband of the galo / farrison from	21. I CERTIFY that death occurred on the dats above stated; that attended deceased from
	March 6 Ch. 18 4 7 to 1 18 1 7 18 4 7
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
(7 11 11	and the prost of
min.	
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Arosse wife	
11. Industry or business) at here is	Due to.
12. Name Volume	Other conditions
# 14. Maiden name Innie Warsfall	(Include pregnancy within 8 months of death)
14. Malden name anné Marshall 15. Birthplace Workstry Como	Major findings of operations.
71 171 860	Dats of op.
18. Informant	Autopsy results
Address Section and 128	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Whichi) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory mount Hake Cemilia	Where did injury occur?
m. 411 1/2 mad	
Location 11 Ma Musuum	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director	incans of injust
Address Stooleton Md	1 Carlows
May 17 hors mars m Tanks	23. SIGHATURE M. D. or other
(Date rec'd by registrar)	Address ocampie My 11d Bala clared 13/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [3]-

03355

CERTIFICATE OF DEATH

Reg. Dist. No. 3,73

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Workeling	(For newborn infants give residence of mother)
N. all Russ	State
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 5 years	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
,	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rosalee Campbell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Timale white widow	20. DATE OF DEATH March 2 19.47, 212:15
Frank Campbell	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife.	19
7. Birth date of	and that I last saw because on the last saw because on the last saw because on the last saw because of
deceased (mo., day, yr.) 8 A.G.F. Years Months Days It less than one day	Immediate Cause of death
o. Adl.	
7.5 1 23hrsn	Chrone
9. Birthpiace	Due to
10. Usual occupation Ansiforfe	
	Due to
11. Industry or business	
12. Name Useknown	Dther conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	
15. Birtholace	Major findings of operations
4/ 0/ 7	
16. informant Augustus	Antopsy results
Address Dieligbelle Del.	
Bered 1 3-4-47	22. VIOLENCE: If death was due to external causes, till in the following;
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or company Litto Creek Baptist Cemeles	Where did injury occur?
Park Ct M	
Location Decompany	Injured at home, farm, Industry, public place (where?)
18. Funeral director Thomas I Walson	Means of injury Injured at work?
Address Paconokel City Me	Chas R. L. MS
2/2 12 Track Range	23. SIGNATURE M. D. or other
19	trag Address Seelin Ma Date signed &

MAR 5 1947
BUREAU V 8.

CERTIFICATE OF DEATH

3500

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, wrigh RURAL and give nearest town) How long in above place of death? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	3. (b) Social Security Number 216-10-3015 MEDICAL CERTIFICATION
Male Colour Married 5.(b) Name of husband or wife Fillians P. le allick	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 44	and that I last saw Roman alive on 18 M and 18 Stroke OURATION
9. Sirthplace Manual (Gwn, eounty, and state)	Due to Hypertensire Cardinogular Destar (malyrat type
11. Industry or business 12. Name 13. Birthplace May Louis	Other conditions
13. Birthplace Maylone 14. Maiden name Solution Maylone Maylo	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Jillians R. Galliess Address Decomake luty Rual # 2	Antepsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
18. Funeral director. Address Address	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19 March 22, 19 47 Anne & Othite Registrar	23. SIGNATURE Phone City Ind Bate signed 21 hou 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

03357 Reg. Diat. No. 350

County	City or lown
3. (a) FULL NAME	3. (b) Social Security Number
Martha a Navis	none
4. Sex 5. Polor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
remale White Widowed	2D. DATE OF DEATH. 15 18 47, 21 18 PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decrased from
S.(e) tt alive, give ageyears	Feb. 1946 10 March 15 194/
T. Sirth date of	and that I last saw her alive on March 1.5 18 4.7.
8. AGE: Years Months Days If less than one day	Immediate cause al death DURATION
73 7 7hrsmin.	Disease with Greenal Embalia / week.
The state of the s	
9. Siripplace Thursday (Town, county, and state)	Due to Exterior sollerosis 7/10.
10. Usual occupation. Aleuseurfe	Due to Scribity
11. Industry or business) 1 6mm Home	<u></u>
12. Name Johns Syler	Other conditions
13. Birthplace / Marine	(Include pregnancy within 3 months of death)
14. Maiden name May Hall 15. Birthplace Hallenging	Major findings of operations
≥ 15. 8irthplace	Date of op.
16. Informant 10 VM 4V AGUAS	Antopsy results
Address Sto 7 lekery St acomore lity, my	22. VIOLENCE: tt death was due to external causes, till in the tollowing:
17 Date thereof March 17/47	Accident, suicide, or homicide
(Burial cremation, or removal. Which!) , (month) (day) (year)	
Cemetery or crematory	Whars did Injury occur?
Location Och ISELL TILL	injured at home, farm, Industry, public place (where?)
18. Funeral director & Salu & Jamas	Msans of Injury tnjured at work?
Address Ohlow Rill M	- Louis of Lewelyn M.D.
na 12 12 12	23. SIGNATURE M/D. or other
19 March 19 4 March S Mills (Date rec'd by registrar)	Address 90 courselle City Date signed 3-164%



Reg. Diat. No	3510
OF DECEASED:	49
wory MANASTA	42
the write RURAL and give near	eat town)
e LOCATION))
3. (b) Social Security 1	lumber
ERTIFICATION	
ERTIFICATION 18.4.7	3 5 10
pove stated; that Lattended decea	sed from
	19
	t9
puretia	DURATION
	Munn
	101111111111111111111111111111111111111

months of death)	
Bate of op	
which death should be charged t	statistically.
nuses, fill in the following;	
Date of	
(County)	(State)
where?)	***************************************
injured at work?	
Lew Dyb. mel	Eugu-

M. D. or other

Date signed

Injured at home, farm, industry, public place

Msans of Injury

23. SIGNATURE ...

PLEASEWRITE

Cemetery or crematory.

(Date rec'd by registrar)

Location

Address

18. Funeral director

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932



03359

CERTIFICATE OF DEATH

Reg. Dist. No. 3540

	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City or town (If oylside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
1	Farriet Drume	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife Frank Drum	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that i attended acceased from 19
	7. Birth date of deceased (mo., day, yr.) Warch 17. 1829 8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw h
	9. Birthplace (Town, eounty, and state) 10. Usual occupation. 11. Industry or business	Due to
	14. Maiden name Lukuwww 15. Birthplace 16. Informant Michael Address Stockton, and P. D. #1	(Include pregnancy within 8 months of death) Major findings of operations
	17. Build (Burial, cremation, or removal, Which?) Cemetery or crematory Senseles Va Location Clark Hall Va 18. Funeral director Manganth H. Walton Address Poconoke city, MJ.	22. VIOLENCE: It death was due to external causes, till in the toilowing; Accident, suicide, or homicide
	19. Asv. 1 1947 Mary M. laylor (Date ree'd by registrar) Registrar	Addres There Hill model Date signed 3/3 0/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 158

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Wolashi	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infante give yesidence of mother)
County Machon Runal	State Mary County Walcuster
(If outside city or town limits, write RURAL and give nearest town)	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Rospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
	N
How long in hospital or Institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
May (or Naskett	none
4.Sex 5. 9bior or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Themsele foreloud -	20. DATE OF DEATH. MAICH 19 19. 47, 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The That I was a second of the T	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
6.(b) Name of husband or wife	21.1 CENTIFF Mad Death Decision on the Date 2001 2001.
7. Birth date of May 1997 1997 1997 1997 1997 1997 1997 199	and that I last saw h alive on 19
deceased (mo., day, yr.) March 18/47	Immediate cause of death
8. AGE: Years Months Days It less than one day	Immediate cause of ocation
	Transcor wealth
Trockton Mariter ma	Que to.
9. Birthplace (Town, county, and state)	Due 10
10. Usual occupation.	
11. Industry or business	Due 10
12. Name / Willey / assets 13. Sirthplace / Wessing	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lenga Buans 15. Birthplace Luginia	Major fiedings of operatious
E 15. Birthplace Allemon	Date of op.
1911	Autopsy results
Willy Sold P. OH's	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Andlew my final # 2	22. VIOLENCE: If death was due to external causes, till in the following;
17	Accident, suicide, or homicide
Nooble Willedid	Where did injury occur?
Cemetery or crematory	
Location Supplied Sup	Injured at home, tarm, Industry, public place (where?)
18. Funeral director May O Magas	Means of Injury Injured at work?
Address Stone Hill md	John X. My moh 191945
AUDIESS SOLVER IX MY	23. SIGNATURE M. D. or other
19 May 19 1947 May M laylor Registrar	Address www. Date signed 3/19/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Aprilester	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md: Couply Holester
(If outside city or town finits, write Kolkan and give nearest town)	City or town(if outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)
nuspirat, institution, of street address where deep occurred.	Street No
	2.(a) It veteran, name war Morld War # Z
How iong In hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Albred M. Mitchell	222-05-7774
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. l. Calmed Singele	m - 1 21 42 34M
The Grand genge	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1925 Mior 1 194), to Senorel 4/19/2
7. Birth date of 1000 - K-10	and that I last saw h A alive on 19 % ?
deceased (mo., day, yr.) . 7 2 2 3 1 1 less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one day	acul procordiles 3 days
24 10 11hrs.	min.
9. Birtholace del	Due to
9. Birthplace	
10. Usual occupation.	Due to.
11. Industry or business	
	Dither conditions.
12. Name Season Mitchell 13. Birthplace doll.	
	(Include pregnancy within 3 months of death)
# 14. Maiden name A selle - Cara	Major findings of operations
14. Maiden name Lellie Mª Cray 15. Birthplace	Date of op.
W. O. W. W. ander	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Seldynelle Alle	22. VIOLENCE: If death was due to external causes, till in the following:
17 Guried Date thereof March 23,	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (moath) (day) (year)	
Cemelery or crematory Unition Transford De	Where did injury occur?
Location	Injured at home, tarm, Industry, public place (where?)
Nambulat	Mssns of injury injured at work?
18. Funeral director	1 1
Address Formake My.	- 1/2 Genlo
M. d. 22 12 Marker Com.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Rec	tral Address of Clare Strall Date signed 322-4
(many roo and rollings)	

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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 19-6

CERTIFICATE OF DEATH

Reg. Dist. No. BSS

1. PLACE OF DEATH:	2. USUAL RESUDENCE (HOME) OF DECEASED;
County	(For newborn in ants give residence of mother)
City or town	State
	City ar town
How long to above place of death? Hospitat, Institution, or street address where death occurred:	(If outside city or town limits, write RUEAL and give nearest town)
107 Litts St.	Street No. 27 0 203 87
	(If rural, give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alsaham Orellen	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W. Widown	20. DATE OF DEATH March 24 1947 at 30 m
Hartin all	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	19 19 19
7. Birth date of deceased (mo., day, yr.) 1867	and that I last ear hear all the same and th
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
8-0	Thorasply Jours muse
0 hrs,min.	
9. Sirthplace Berlin Wor Co,	Due to.
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	Due to.
# 12. Name Jentenis Onter.	Jan
	Other conditions
Z 13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name	
14. Malden name	Major fiudiugs af aperatious
To John All	Date of op.
16, Informant	Autopsy results
Address Bulun mg	Fri isician: Flease underline the cause to which death should no charged statistically.
3/26/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Due green -	Where did injury occur?
0 1 - 0 1	
Location	Injured at home, farm, industry, public place/(where?)
18. Funeral director Dune A. Burbage	Means of Injury Injured at work?
Address Berlin, h.	ha list in
	23./SIGHAGUSTAL MAN SUN MICHAELE WAS
19 3 - 26 1941 Helen J. Hay wa	M. D. or other
High road by northfrom	

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PERSON OF STADISTICS

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2411 N. Charles St., Baltimore (PAC) CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;
County D W nack	(For newborn infants give residence of mother)
	State County Q Q Cester
(If outside city or town limita, write RURAL and give nearest town)	13.0 1
	Cily or town
ow long in above place of death?	of outside city of town limbs, write RORAL and give nearest town
lospilal, institution, or street address where death occurred;	Street No. 12 Marie 1
	(If paral, give LOCATION)
ow long in hospital or institution?	2.(a) It veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
S.(a) FULL NAME	3. (0) Social Security Number
Mys crows	will
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
na 1 - M.	Mr. 1 2 7 7 7
100 45 1100	20, DATE OF DEATH 20, 21 9 A
1.7186.17/10-11	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	S I The Later of the Country of the
S (a) If alive give and 13.3	19
T. Birth date of	and that I last saw h
deceased (mo., day, yr.) Nauch 9th 1913	
8. AGE: Years Months Days If less than one day	Immediate cause of death.
710	The state of the s
34- 0' 13hrsmin.	- Tropped
allered Md.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation.	Due to.
11. Industry or busineer	<i>[]</i>
EI 5 7 /2 /2 /2	
量 12. Name	Dther conditions
13. Birthplace Seeling 100	
El Mand A. Paragula.	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace forhaley file My	Date of op.
100	
16. Informant 2003 2006 2.	Antopsy results
M 1: MM (THE XL)	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Bulling VV	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Burnel Date thereof 3/27/47	
(Burial, cremation, or removal. Which) Date thereol. (month) (day) (year)	neoracity esteracy or nominate and the second secon
Cemetery or crematory Contestinableus Cerus	Where did injury occur?
Comercial of Community	
Location Down HTW BUL-	Injured at home, tarm, Industry, public place (where?)
n. a.R.	Means of injury injured at work?
18. Funeral director. Dura January	1/1/1/ -1 1/ Olded he
Bullion D. I	Martin Mart
Address Servin	- 23. SIGNATURE - 21/2mi
8-27 the the	M. D. or other
10 3 06 1 10 1 1/15-24/14 2 2 2 2 2 2	TO CONTRACTOR VINA PION

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. DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

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Reg. Dist. No. 3855

County Worces Lev.	(For newborn infants give residence of mother)
11 1 0 7 6	State med. County Worcesler.
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	0 1: - 1015
How long in above place of death?	(If outside city or town limits, write RURAR and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Powell	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE OF DEATH Worch 2 1947 , 1 10 P.
6.(b) Name of husband or wife Many B Powel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Tuarch 2 194) 1 March 2 1947.
7. Birth date of	and that I last ear heir alive on March 2 194).
deceased (mo., day, yr.) Sept. 17, 1869	Immediair cause of bath Casterio Schrotic DURATION
8. AGE: Years Months Days If less than one day	cardio vareulas desence Culima
77 5 15hrsmin.	
Buli War C. mil	Due to Saw
8. Birthplace. (Town, eounty, and state)	
10. Usual occupation. Neural manager.	Due fo.
11. Industry or business	
12 Name Glomas A. Cowell.	Dther conditions
13. Birthplace , maryland	
E Q. J. C By the	(Include pregnancy within 8 months of death)
# 14. Malden name. Survey Dutting	Major findings of operations. WOW
15. Birthplace Manglend	Date of op.
16. Informant Mrs. Mary B. Powell	Autopsy results.
Address Beiling Ind RJD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 2/-1	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, premation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Evergreen.	Where did Injury occur?
B. 1. ml.	Injured at home, farm, Industry, public place (where?)
Location D D B 1	Means of Injury Injured at work?
18. Funeral director.	100
Address Berlin Md.	1 M to municipal to MI
325 47 Helen F. Harr	23. SIGNATURE
19 2 2 19 TI STELLEN T. JACK	Veran Cot, Mo. March 1,4).

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2411 N. Chartea St., Battimore (31-0)

CERTIFICATE OF DEATH

03365 74 g. Dist. No. 35/0

Date signed 3 - 6 - 47

A		Neg. Dizt. 110.
1. PLACE OF DEATH: Molicester	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	1/1/1-
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State All All Courses Course City or town Units (If outside city or town limits	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No	
How long in hospital or institution?	2.(a) It veteran, name war	70
3. (a) FULL NAME		3. (b) Social Security Number
4. Sex 5. Colper race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	11 . 111
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from 4.6, to
7. Birth date of deceased (mo., day, yr.) (IIIIg. 23 - 1870	and that I last saw h. Lanaailve on	DURATION
8. AGE: Years Months Days It less than one day	and Cardiae La	any Edema 40 ay
9. Birthplace (Corn. county, and state) 10. Usual occupation.	Due to Alega Part Landing	Canal disease 5 yrs
t1. Industry or business	Due to	
12. Name Isaaco M. Tissey	Other conditions	
14. Maiden name Mary Jame Guitt 15. Birthplace	(Include pregnancy within 3 n	
15. Birthplace	major madago of operation	
16. Intermant // ASS Daron & Sussey	Antopsy results	sich death should be charged statistically.
Address 17. (Buyial, cremation, or removal, Which?) Date thereot. (month) (day) (fear)	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	
Cemetery or crematory Aldunday	Where did lajury occur?(City or town)	
Location Supp spel Holding III 9	Injured at home, tarm, Industry, public place (wi	Anjured at work?
tB. Funeral director. Alshay O. Safayanda	Missins or fulful?	I ma no
Address Mon Helle My	23. SIGNATURE CASON SE	Xa///a, M.D. or other
19. (Date rec'd by registrar) Registrar	Address Snow Hell	Med Date signed 9-6-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 1)MARGIN RESERVED FOR BINDING 9-45-15M VS A15

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CAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly

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e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County North	State md Couo	, worke	she :
(If outside city or town limits, write RURAL and give nearest town)	0 1	. 010	7
How long in above place of death?	City or town	write RURAL and give near	rest town)
Hospital, Institution, or street address where death occurred:	Street No.	•••••	
	(If rural, give I		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME		3. (b) Social Security 1	lumber
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male white widower.	MEDICAL CE		
There was a secret	20. DATE OF DEATH.	3 19 19 47	21 8 A . N
6.(6) Name of husband or wife Virginia W. Jullin	21. I CERTIFY that death occurred on the date above		aed from
7. Birth date of	and that I last saw h/M2alive on / 9		19
deceased (mo., day, yr.) Jan. 23, 1866	Immediair cause of death . Market		DURATION
8. AGE: Yeara Months Days It less than one day	Censtral herrent	~a.	SUMMINA
81 1 26hrsmin.		1	Sem-
9. Birthplace. Bellin Wor Cu Md. (Town, county, and atate)	Oue to Hyperterim		
1		***************************************	
10. Capel Occupation.	Due to		
11. industry or busineaa			***************************************
12. Name Capt. Fevr Jullin. 13. Birthpiace Seelin md.	Other conditiona	•••••••	
	(Include pregnancy within 3 m	onths of death)	
# 14. Maiden name I Lette mary Reclaids	Major findings of operations		
14. Malden name Dettie mary Rechardson 15. Birthplace Bulin bud.	major nadings of operations.		
20 21 2 10.	Autopsy results.		
16. Interment	PHYSICIAN: Please underfine the cause to whi		
Address Settle ond / Car	22. VIOLENCE: tf death was due to external cause	es, fill in the following;	
17. Burial, cremstion, or removal. Which?) (Burial, cremstion, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory.	Where did injury occur?(City or town)		
Location (Devilue 924-	Injured at home, farm, Industry, public place (whe		
18. Funeral director Duna A. Burbaga	Meana of Injury	Injured at work?	
Address Bulin myd.	23. SIGNATURE / Lemmane	a Robbie	sins
1.3-22- 147 Helen F. Haywa	and Belley had	ш. Б, с	or other
(Date rec d by registrar) Registrar	Address		Man Market Kanglang



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

M	
	2
1000	No. 3500
Reg. Dist.	No.

03367

	WA.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Nor newborw infeats give residence of mother)
City or town Pocomoke City	State Marth Carolina County Inknow
City or town (If outside city or town limits, write RURAL and give nearly t town)	City or town Sumpter
How long in above place of death? Solution Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town)
8/8 Second Street	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME allen Robinson	3. (b) Social Security Number
4. Sex Solor or race Colored Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH March 30, 1847, 21/2:30 P.
6.(b) Name of husband or wife	19, 6, 10 fesch 30 19 /
7. Birth date of 9/4	and that I last saw h. alive on the 18
deceased (mo., day, yr.) May 8, 15 less than one day	Immediate cause of death
32 10 22 hrs. 4. min	
Sunta Smath Carolina	
9. Birthplace (Town, county, and atate)	Due to.
10. Usual occupation Farm Latorer	
11. Industry or business	Due to
	Other conditions
12. Name Cellen Robinson 13. Birthpiace Surgeter, S.C.	
	(Include pregnancy within 8 months of death)
14. Malden name Unknown 15. Birthplace Worth Carolina	Major findings of operations.
15. Birmpiace / Final Control	— Date of op.
16, Informant	Antopsy results
Address 8/8 Second St Brown Re M	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. While)	Accident, suicide, or homicide
Malle Miller alour	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory of the control	(City or town) (County) (State)
Location De Location	Meens of injury injury injury
18. Funeral director	ONS !
Address Pocomble Jety Mily.	23. SIGNATURE AND SELECTION OF THE PROPERTY OF
april 2 , 47 Unne E Thito	23. SIGNATURE M. D. og other
(Date rec'd by registrar) Registrar	Address occurred well of flate signed to



FOR BINDING

Evidence for addition of usual home of deceased MARYLAND STATE DE sown on: MIM No. G. 109 AFR 28 1947 CERTIFICAT	s St., Baltimo
1. PLACE OF DEATH: County	2. USUAL RI (For newt) StateMATY City or town Street No 2.(a) If veteran,
3. (a) FULL NAME anna Showell	
Jemele colord 6.(a) Single manual widowed, or divorced Colord Charlie Showell	20. DATE OF DEA
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last sa
9. 8irthplace Wholeyrella Made (Town, county, and state)	Due fo
10. Usual occupation	Due fo
12. Name	Other conditions
14. Maiden name ama whaley 15. Birthpiace Vohaleyille, Ned) 16. Informant Showell	Major findings Autopsy results. PHYSICIAN: PI
Address 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Across Date thereof. Max. 22, 1947. Cemetery or crematory. Across Date thereof. Max. 22, 1947. Cemetery or crematory. Across Date Burley Birley, Max.	22. VIOLENCE: Accident, suicide Where did Injury
18. Funeral director thermy & J. Walson	Injured at home, Means of Injury
Address Poconfle City, Md. 19. 3/22 147 M. Bergistrar) Registrar	23. SIGNATURE.

RTMENT OF HEALTH

t., Baltimore 2300

03368

M. D. or other

Date signed 3-17-4

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E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) OF (For newborn infents give residence of m	
State Maryland count	Worcester
Rishon	write RURAL and give nearest town)
Street No. R. F. D.	
(lfrural, give L	JOCATION)
2.(a) If veteran, name war	***************************************
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH. March	21 1947 at 2 A.
21. I CERTIFY that death occurred on the date above	e stated; that I attended deceased from
3-15- 19.5	(7,10 3-20-194)
and that I last saw h alive on	3-20- 1947
1 1 1	C. DUDATION
Cenebral H.	mortinge of days
	0
Due fo	
Due fo	
Other conditions	
(Include pregnancy within 8 me	
Major findings of operations	
The state of the s	Date of op
Autopsy results	
22. VIOLENCE: If death was due to external cause	
Accident, suicide, or homicide	
Where did Injury occur?(City or town)	
injured at home, farm, industry, public place (who	
Misans of Injury	Injured at work?
46()	

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MAR 25 1947

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9370

03369

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Murgland county Whees lev.
(If outside city or town limits, write RURAL and give nearest town)	10 9 1 -
How long in above place of death? 51 yalan.	(If outside city or town limits, write RUTAL and give nearest town)
Hospital, Institution, or street address where death accurred:	Street No.
Daccoura V	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Dale Showell &	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white rondower.	20. DATE DE DEATH Warch 3 1947 at 3P
6.(b) Name of husband or wife Elegabeth Showell.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	1 2. Feb 25 1941 Merch 3 1941.
7. Birth date of deceased (mo., day, yr.) Sept - 30, 1864	and that I last saw h. Addoa) on
8. AGE: Years Months Days If less than one day	Immediate cause of death DRATION
82 5 3hrsmin.	clina.
	As heart land is a second
9. Birthplace Bealin Wn Cu. The . (Town, county, and state)	Due to Kit heart parliere 3. Central
10. Usual occupation Bearing man.	- Heartman Crucho -
11. Industry or business Bowling allege flucatio.	Due 10
MI A SALLA	Jas Della addita
12. Name	Diher conditions
13. Birthptace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Mary Sullaway 15. Birtholace	Major findings of operations.
E 15. Birthplace	Date of op.
16. Informant In John Dale Showell.	Autopsy results.
Address Ors one Cili m. I.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 2/1-1/6-	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Set, Cauls	Where did Injury occur?
C. Berlin md.	Injured at home, farm, Industry, public place (where?)
Location D Bush	Means of Injury Injured at work?
18. Funeral director.	10 11 m
Address (Berling mind of	23. SIGNATURE * TOWNSHIP () . ())
3-5- 47 Telon F. HOLINIT	M. D or other
(Date rec'd by registrar)	Addross Cellu Doty VV Date signed Court V. D.

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1 DIACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bla

CERTIFICATE OF DEATH

Reg. Dist. No. 354

County Worcester	(For newborn infants give residence of mother)
	state Maryland county Worcester
City or town	
How long In above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jeno Jaylor	None
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Married	
200471400	20. DATE OF DEATH HUSCL 15 1947, at 5 8 M
8.(b) Name of husband or wife Frank David Taylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	15 10 Hardels 18/2
7 Right date of	and thal I last saw b. alive on 19/1/2
deceased (mo., day, yr.August 24, 1891	Immediate cause of death My DURATION
8. AGE: Years Months Days If less than one day	Just planting 27
55 6 21hrsmin.	believojeleroni, 2300
9. Birthplace Worcester County-Maryland (Town, county, and state)	Que to
1D. Usual occupation Domestic	Due to.
11. Industry or business Private home	Due to.
質 12. Name Frank Marshall	Other conditions.
13. Birthplace Accomac County, Virginia	
	(Include pregnancy within 8 months of death)
14. Malden name Irene Collins 15. Birthplace Worcester County, Maryland	Major findings of operations
\$ 15. Birthplace Worcester County, Maryland	Date of on
18. Informant Frank Taylor	Autorsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address RURAL, Stockton, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date Ihereof Mar 18, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cremator Old Saint Pauls Cemetery	
	Where did injury occur?
Location RURAL, Stockton, Maryland	Injured al home, farm, industry, public place (where?)
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?
Address Pocomoke City, Maryland	(Se selle
	23. SIGNATURE M. D. op-othog-
19. Of 7 1947 May M. (aylor Registrar)	
(Dathrec'd by registrar) Registrar	Address Date signed 3

